

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1	1				
2						
3						
4		3				
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6	1	1				
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Total Indep	1					
Total Depend	10					
Total Claims	11					
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Total Indep						
Total Depend						
Total Claims						